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Division of Corporations

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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195 : (850)521-1000 Phone

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REGISTERED AGENT CHANGE FLEMING ISLAND SHOPPES MANAGEMENT, INC.

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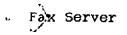
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4



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of c	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the change is submitted for a corporation organized under the laws of the State of Indiana refer to change its registered office or registered agent, or both, in the State of Florida.	is	
	of the corporation: FLEMING ISLAND SHOPPES MANAGEMENT, INC.		
2. The princip	pal office address: 117 East Washington Street, Indianapolis, IN 46204-3614		
3. The mailin	g address (if different):		
4. Date of inc	corporation/qualification: 02/22/2006 Document number: F06000001146	T (c	
5. The name a	and street address of the current registered agent and registered office on file with the partment of State:	ECRE MAJA	NAC O
	C T Corporation System	52	8
	1200 South Pine Island Road	Y 09	PK
	Plantation, FL 33324 US	DJ3	<u>~</u>
6. The name (if changed	and street address of the new registered agent (if changed) and /or registered office d):	ATE	8
	Corporation Service Company		
	1201 Hays Street		
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street ac	ddress of its registered office and the street address of the business office of its register will be identical.	ed agent,	
Such change authorized b	was authorized by resolution duly adopted by its board of directors or by an officer so by the board, or the corporation has been notified in writing of the change.	0	
(Sig	Frank W. Tinsle, Asst.		سميا
I hereby acc I further agr of my duties, document is corporation	ept the appointment as registered agent and agree to act in this capacity, ree to comply with the provisions of all statutes relative to the proper and complete per, and I am familiar with and accept the obligation of my position as registered agent, being filed merety to reflect a change in the registered office address, I hereby confirm has been notified in writing of this change.	formance Or, if this n that the	
Corpor By:	ration Service Company		
	(Signature of Registered Agent) (Date)		
If signing or	n behalf of an entity:		
Sylvia Que	eppet, Asst. VP		
***	(Typed or Printed Name)		
	* * * FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E043 (8/05)